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CONFIRMATION NO. 4192

Bib Data Sheet

SERIAL NUMBER 09/840,441	FILING OR 371(c) DATE 07/30/2001 RULE	CLASS 606	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 12,222	
APPLICANTS Tadeusz Z. Wellisz, Los Angeles, CA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/27/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 2
ADDRESS William W. Haeffliger Suite 512 201 So. Lake Ave. Pasadena ,CA 91101					
TITLE BARBED CLIP FOR BONE ALIGNMENT AND FIXATION					
FILING FEE RECEIVED 508	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		